

NOTIFICATION OF WELL SPUD



OKLAHOMA CORPORATION COMMISSION
OIL & GAS CONSERVATION DIVISION
P. O. BOX 52000
OKLAHOMA CITY, OKLAHOMA 73152-2000
(RULE NO. 165: 10-3-2)

OTC/OCC Operator Number: 18634-0

API Number: 109-22127

DATE: 02/18/2003

Date of Well Spud/Re-Entry: 2/21/03

Name of Operator: GLB EXPLORATION INC
Address: 200 N HARVEY AVE STE 610
OKLAHOMA CITY OK 73102

Phone: (405) 272-0715

WELL LOCATION

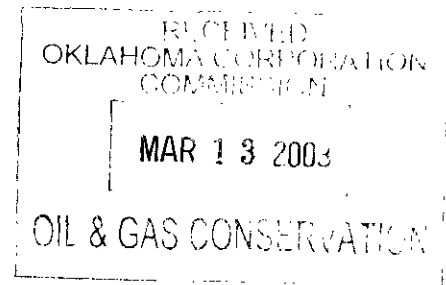
Lease Name: AWACS

Well Number: 1

Location: 35-12N-02W
SW4 NE4 NW4 NE4
OKLAHOMA

Surface Casing Cement by (If Job Completed)

Name: Dowell/Schlumberger
Address: 6601 Broadway Ext, Suite 200
City: OKC State: OK
Zip Code: 73116



INSTRUCTIONS (PLEASE FOLLOW)

PLEASE TYPE OR USE BLACK INK

- 1) This report must be completed in duplicate and mailed within fourteen (14) days, after spudding, to the Corporation Commission at the above address.
- 2) State the exact date the well was spudded.

I declare that I have knowledge of the contents of this report and am authorized by my organization to make this report, which was prepared by me or under my supervision and direction, with the data and facts stated herein to be true, correct and complete to the best of my knowledge and belief.

[Signature]
Name

President
Title

Category (Check One)

- Initial
- Annual
- Retest
- Recompletion

Oklahoma City, Oklahoma 73152-2000

Production or Potential Test
OAC 165:10-13-3

Please type or print using black ink.

Operator GLB EXPLORATION, INC			Operator No. 18634-0	
Address 200 N. HARVEY SUITE 610			Phone No. 405-272-0715	
City OKLA. CITY	State OK	Zip 73102	FAX No. 405-235-8884	

Allocated Oil Well (field rules)
 Unallocated per well (spaced)
 Unallocated per lease (unspaced)
 Enhanced Recovery Unit Order No. _____
 Horizontal Order No. _____
 Discovery Well Order No. _____

Well Name/No. AWACS #1		Prod. Unit No. 109-110760		API No. 109-22127	
Surface Location within Sec. 2194 FSC + 855 FWC		Sec. 35	Twp. 12N	Rge. 2W	County
Bottom Location within Sec.		Sec.	Twp.	Rge.	County

Test	Gas-Oil Ratio	Date	Time	24 Hr. Prod.		Gravity
				Oil	Bbls	
Present				32		35
Initial	1,000:1			32 MCF	cf	
				10	Bbls	

Pool Name/No. CRUTCHO CREEK WEL		Perfs 6449-6455, 6405-6418, 6422-6434	
Producing formation(s) HUNTON 269 HUNTON			
Date 1st Prod. 6/2/03	No. wells on lease (list on reverse) 1	Is production metered together? yes <input type="checkbox"/> no <input type="checkbox"/>	
Oil Purchaser SUNOCO		OTC No. 21108	
Gas Measurer UNIMARK		OTC No. 18958	

Load oil yes no amount _____ bbls

Spacing Order No. 464354	size 640	Increased Density Order No.	Location Exception Order No.
Commingleing Order No.		Multiple Zone Completion Order No.	

Unit Acre Size	True Vertical Depth	Horizontal Component	Ft. of Lateral
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(A) Pipe Tap (B) Orifice Tester (C) Size Tester _____

Choke sz	Tubing sz	Casing sz	Gas Meter Type	Size Run (A)	Differential (A)
Size Plate (A,C)		24-H. Coeff (B,C)		Pressure (lbs, H ₂ O, Hg) (B,C)	

over

RECEIVED

JUL 23 2003

OKLA. CORP. COMM.
PRODUCTION/PORATION DEPT.

Handwritten: JD
07, 23, 03

WALK THROUGH

APPLICATION TO DRILL, RECOMPLETE OR REENTER

200300947

FORM 1000
REV 1994

dm
2/18/03
mjs
2/18/03

FILE ORIGINAL ONLY
PLEASE TYPE OR USE BLACK INK

1. OTC/OCC OPERATOR NUMBER 18634-0
2. API NUMBER 10922127

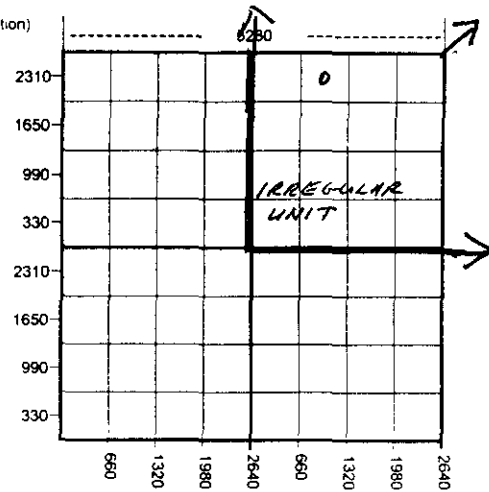
OKLAHOMA CORPORATION COMMISSION
OIL & GAS CONSERVATION DIVISION
JIM THORPE BUILDING
P.O. BOX 52000-2000
OKLAHOMA CITY, OK 73152-2000
(RULE 165:10-3-1)

BATCH NUMBER (OCC USE ONLY) 02183962

3. NOTICE OF INTENT TO (CHECK ONLY ONE)
 DRILL RECOMPLETE REENTER DEEPEN AMEND - REASON
 NOTE: ATTACH COPY OF 1002-A IF RECOMPLETION OR REENTRY.

6. LOCATE WELL AND OUTLINE
LEASE OR SPACING UNIT IN INK

4. TYPE OF DRILLING OPERATION >>>>>>>> (NOTE: If directional or horizontal, see reverse side for bottom hole location)
 A. STRAIGHT HOLE DIRECTIONAL HOLE HORIZONTAL HOLE
 B. OIL/GAS INJECTION DISPOSAL WATER SUPPLY



SECTION 35	TOWNSHIP 12N	RANGE 2W	COUNTY OKLAHOMA
SPOT LOCATION: SW NE 1/4 NW 1/4 NE 1/4		FEET FROM QUARTER SECTION LINES	from SOUTH LINE 2,194
			from WEST LINE 855

7. Well will be 855 feet from nearest lease, unit or property boundary.

8. LEASE NAME: AWACS WELL NUMBER: 1

9. NAME OF OPERATOR: GLB EXPLORATION, INC.
 ADDRESS: 200 NORTH HARVEY SUITE 610
 CITY: OKLAHOMA CITY STATE: OK ZIP CODE: 73102

10. SURFACE OWNER (one only, attach sheet for additional owners)
 AMERICAN LEON POST #170
 ADDRESS: 8608 NE 10th St
 CITY: MIDWEST CITY STATE: OK ZIP CODE: 73140

11. Is well located on lands under federal jurisdiction? Y N
 12. Will a water well be drilled? Y N
 Will surface water be used? Y N
 13. DATE OPERATIONS TO BEGIN: 2/20/03

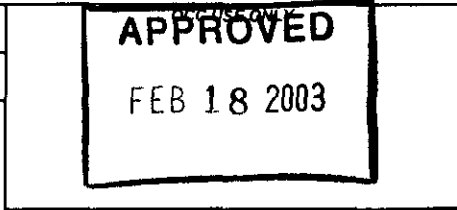
14. LIST TARGET FORMATIONS AND DEPTHS OF EACH BELOW (LIMITED TO TEN)
- | | | | |
|-----------------------|----------|---------------------------|---------|
| 1) LAYTON 4900 | HO5WYTM | 6) PENN UNCONFORMITY 6420 | BRUNC |
| 2) CLEVELAND 5500 | HO5CHUD | 7) HUNTON 6450 | 269HN7N |
| 3) OSWEGO 6070 | HO4OSWG | 8) | |
| 4) PRUE 6100 | HO4PRUE | 9) | |
| 5) LOWER SKINNER 6320 | HO4SKNRW | 10) | |

15. SPACING ORDER NUMBER(S) AND SIZE UNIT(S)

16. PENDING APPLICATION C/D NO: 200300947

17. LOCATION EXCEPTION ORDER NO

18. INCREASED DENSITY ORDER NO



19. TOTAL DEPTH 6,550	20. GROUND ELEV. 1214	21. DEPTH TO BASE OF TREATABLE WATER 1,110	22. SURFACE CASING 1310	23. CASING PROG USED? <input checked="" type="checkbox"/> Y <input type="checkbox"/> N
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ALTERNATIVE CASING PROCEDURE check box and fill in blank (AFFIDAVIT REQUIRED, see reverse side, line 31)
 A Cement will be circulated from total depth to ground surface on the production casing string
 B Cement will be circulated from _____ depth to _____ depth by use of a two stage cementing tool

24. PIT INFORMATION: Using more than one pit or mud system? Y N If yes, fill out line 25.2 on top reverse side

PIT # 1
 A Type of mud system: water based, oil based, gas based (air drilled)
 B Expected mud chloride content maximum 3500 ppm, average 1500 ppm
 C Type of Pit System: on-site, off-site, closed. If off-site, specify location
 D Is depth to top of ground water greater than 10 ft below base of pit? Y N
 E Within 1 mile of municipal water well? Y N
 F Wellhead Protection Area Y N 35-12N-2W

25. OCC USE ONLY

Category	1A	1B	2	3	4
PA Location	Alluvial Plain/Terrace Deposit	Bedrock Aquifer	Other HSA	Non-HSA	Fr
Special area or field rule?					
SOIL or GEOMEMBRANE LINER REQUIRED?	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N	GEOMEMBRANE LINER REQUIRED?	<input type="checkbox"/> Y <input checked="" type="checkbox"/> N	20 mil	30 mil

27. PROPOSED METHOD FOR DISPOSAL OF DRILLING FLUIDS (MUST BE COMPLETED)
- A Evaporation/dewater and backfilling of reserve pit.
 B Solidification of pit contents
 C Annular Injection (REQUIRES PERMIT and surface casing set 200 feet below base of treatable water-bearing formation)
 D One time land application (REQUIRES PERMIT) PERMIT #
 E Haul to Commercial pit facility. Specify site: JAY SCOTT, OCC ORDER # 403669 31-12N-8W, Pennington
 F Haul to Commercial soil farming facility. Specify site
 G Haul to recycling/re-use facility. Specify site
 H Other Specify: Closed system means clean pits

I hereby certify I am authorized to submit this two page application prepared by me or under my supervision. The facts and proposals made herein are true, correct and complete to the best of my knowledge and belief.

SIGNATURE Glenn Blumstein	NAME (Print or Type) GLENN BLUMSTEIN	PHONE (AC/NUMBER) 405-272-0715	DATE 2/14/03
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NOTICE Approval is void if operations have not commenced within six months of the date of approval. An approved permit must be posted at the location during drilling and completion operations. File the Form 1001A, Spud Report, within fourteen days of commencement of operations. CALL AND NOTIFY DISTRICT OFFICE AND SURFACE OWNER 24 HOURS PRIOR TO SPUD, REENTRY OR RECOMPLETION.

WALK THROUGH

SECTION 35
TOWNSHIP 12N

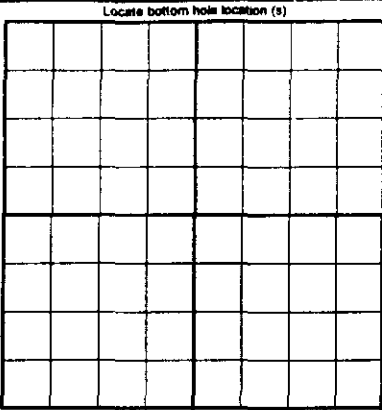
RANGE 2W

WELL NAME AWACS
NUMBER 1

WALK THROUGH

25.2. PIT INFORMATION - PIT #2

A. Type of mud system: water based, oil based, gas based (air drilled)
 B. Expected mud chloride content: maximum ppm, average ppm
 PIT # 2 C. Type of Pit System: on-site; off-site; closed If off-site, specify location
 D. Is depth to top of ground water greater than 10 ft below base of pit? Y N
 E. Within 1 mile of municipal water well? Y N
 F. Wellhead Protection Area Y N OFFSITE PIT #



- If more than two drainholes are proposed, attach separate sheet indicating the necessary information.
- Direction must be stated in degrees azimuth
- Please note the horizontal drainhole and its end point must be located within the legal boundaries of the lease or spacing unit. Directional surveys are required for all drainholes and directional wells.

28.2. OCC USE ONLY A. Category 1A 1B 2 3 4 ; Frn
 B. PR Location: Alluvial Plain/Terrace Deposit Bedrock Aquifer Other HSA Non-HSA
 C. Special area or field rule? D. DEEP SCA? Y N Yield > 50
 E. SOIL or GEOMEMBRANE LINER REQUIRED? Y N; GEOMEMBRANE LINER REQUIRED? Y N 20' 30'

29. Bottom Hole Location for Directional Hole: SEC TWP RGE County

SPOT LOCATION: 1/4 1/4 1/4 1/4 FEET FROM QUARTER SECTION LINES from SOUTH LINE from WEST LINE

Measured Total Depth: True Vertical Depth: BHL from Lease, Unit, or Property Line:

30. Bottom Hole Location for Horizontal Hole: (DRAINHOLES)

DRAIN HOLE #1: SEC TWP RGE County

SPOT LOCATION: 1/4 1/4 1/4 1/4 FEET FROM QUARTER SECTION LINES from SOUTH LINE from WEST LINE

Depth of Deviation: Radius of turn: Direction: Total Length:

Measured Total Depth: True Vertical Depth: End point location from lease, unit or property line:

DRAIN HOLE #2: SEC TWP RGE County

SPOT LOCATION: 1/4 1/4 1/4 1/4 FEET FROM QUARTER SECTION LINES from SOUTH LINE from WEST LINE

Depth of Deviation: Radius of turn: Direction: Total Length:

Measured Total Depth: True Vertical Depth: End point location from lease, unit or property line:

31. AFFIDAVIT FOR ALTERNATIVE CASING PROGRAM (signature on front of this form attests to this affidavit)

- This well (will will not) penetrate any known lost circulation zones.
- During the drilling of this well, withdrawals from any water well within 1/4 mile (will will not) exceed 50 gallons per minute.
- List the following for all water wells within 1/4 mile of this well. (Information concerning some water wells may be obtained from the OKLAHOMA WATER RESOURCES BOARD, P O Box 150, Oklahoma City, OK 73101-0150). If no water wells are found, so state (ATTACH ADDITIONAL SHEET IF NECESSARY)

Name of Owner/Operator Address of Owner/Operator Location (Nearest 1/4 1/4 1/4) Deepest producing interval

- The projected depth of the well (is is not) less than 100 feet from the top of any enhanced recovery project or gas storage facility
- A cement bond log is required to be run and submitted from not less than 100 feet below the base of the treatable water-bearing formation to the surface.
- If casing depth is more than 250 feet deeper than base of the treatable water-bearing formation, operator must submit a letter of request listing reasons and precautions to be taken

INTENT TO DRILL CHECKLIST APPROVED REJECTED

MP
 Sef
 Sef
 Sef

OCC USE ONLY

- SURETY
 A NONE filed
 B EXPIRED Date 1.10.03
 C OUTSTANDING CONTEMPT ORDER
- INTENTS
- SPACING
- GEOLOGY

OCC USE ONLY

Inagular Unit is
 Hle 4354/640 SW/4 Sec 25, 544 Sec 26
 NW/4 Sec 36, 46/4 Sec 35
 out 449600 Tonkawa, Wagon,
 Hogshooter, Checkboard, Cleveland
 Orono, Owego, Puce, up Skinner,
 no Skinner, Basal Pennsylvanian, Maener,
 Hunter, Viola, Simpson
 east Red Fork

2/18/03

- SURFACE CASING
 - Insufficient amount, Requires feet.
 - Insufficient Alternate Casing Program
 - No Affidavit Submitted for Alternative Casing Program
 - Reentry requires feet, only current.
- UNSPACED: Less than 2500 ft (165') More than 2500 ft. (330')
 Only ft from N/S and ft from E/W line
- SPACED. SPACING ORDER No
 - Square Pattern: 2.5, 10, 40, 160, 640
 - Rectangular pattern 5, 20, 80, 320
 NW/SE or NE/SW
 - Rectangular slot pattern 5, 20, 80, 320
 Prior to 1971 (Y , N) S/U/LD
- LOCATION EXCEPTION
 - Surface Hole Location different
 - Bottom Hole Location different
- PENDING APPLICATION Spacing/Location Exception
 C.D No
 H.O.M DATE
 OPERATOR NAME DIFFERENT in order No
 Name on order
 Location Exception/Increased Density/Pooling
 Increased Density/Location Exception EXPIRED
 Order Expired Date
 Outline Lease or Property Boundary

200300947/NE 6th Ept Inc.
 2194 ESW 8 55 FWL
 NE/4 38-18N-2W
 Tonkawa, Wagon, Hogshooter,
 Checkboard, Cleveland, Orono,
 Owego, Puce, up no Skinner,
 Red Fork, Basal Pennsylvanian,
 Maener, Hunter, Viola,
 Simpson 22: 44354

OKLAHOMA RECEIPT 039690075
 DATE: 02/18/03
 TIME: 11:00 AM
 CASHIER: JFN
 CASE: 00000000
 CHECK: 019945
 EMERG WALK THRU LTD \$300.00

API NO. **109-22127**
 OTC PROD. UNIT NO. **109-110760**

Rule 165:10-3-25
 ORIGINAL
 AMENDED
 Reason Amended _____

COMPLETION REPORT
 OKLAHOMA CORPORATION COMMISSION
 Oil & Gas Conservation Division
 Post Office Box 52000
 Oklahoma City, Oklahoma 73152-2000

30723001

Form 1002A
 Rev 2001

269 HNTN

COMPLETION & TEST DATA BY PRODUCING FORMATION

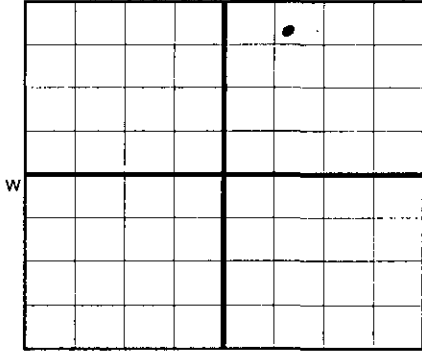


PLEASE TYPE OR USE BLACK INK ONLY

NOTE: Attach copy of original 1002A if recompletion or reentry
 TYPE OF DRILLING OPERATION

STRAIGHT HOLE DIRECTIONAL HOLE HORIZONTAL HOLE
 If directional or horizontal, see reverse for bottom hole location.

COUNTY OKLAHOMA	SEC 35	TWP 12N	RGE 2W
LEASE NAME AWACS	WELL NO. 1		
SHL SW 1/4 NE 1/4 NW 1/4 NE 1/4	FSL 2194	FSL 855	FWL OF 1/4 SEC
ELEVATION 1225	Ground 1214	SPUD DATE 2/21/03	
DRLG FINISHED 3/11/03	WELL COMPLETION 6/11/03		
1ST PROD DATE 6/12/03	RECOMP DATE		



LOCATE WELL

OPERATOR NAME GLB EXPLORATION, INC	OTC/OCC OPERATOR NO. 18634-0
ADDRESS 200 N. HARVEY #610	
CITY OKLA. CITY	STATE OK
	ZIP 73102

COMPLETION TYPE <input checked="" type="checkbox"/> SINGLE ZONE
MULTIPLE ZONE ORDER NO.
COMMINGLED ORDER NO.
LOCATION EXCEPTION ORDER NO. 173970
INCREASED DENSITY ORDER NO.
PENALTY

OIL OR GAS ZONES	TOP	BOTTOM
HUNTON		

CASING & CEMENT (Form 1002C must be attached)	TYPE	SIZE	WEIGHT	GRADE	FEET	PSI	SAX	FILLUP	TOP
Conductor		20	54		40'		10 Yards	Surface	Surface
Surface		9 5/8	36	J-55	1325		810	Surface	Surface
Intermediate									
Production		7	23.2	J-55	6522		155	1000	5530
Liner				K-55					
				N-90					

PACKER @ _____ BRAND & TYPE _____ TOTAL DEPTH **6530**
 PLUG @ _____ TYPE _____

FORMATION HUNTON
SPACING & SPACING ORDER NUMBER 640 464354
CLASS: Oil, Gas, Dry, Inj, Disp, Corrm Disp OIL
PERFORATED INTERVALS 6449-6455 6405-6418 6422-6434
ACID/VOLUME 5,750 gal 15% HCL
Fracture Treated? 3000 gal 2% 64 KCL + 3000 gal Acid
Fluids Amounts

INITIAL TEST DATA	
INITIAL TEST DATE	6/16/03
OIL-BBL/DAY	32
OIL-GRAVITY (API)	35
GAS-MCF/DAY	32
GAS-OIL RATIO CU FT/BBL	1000:1
WATER-BBL/DAY	10
PUMPING OR FLOWING	PUMPING
INITIAL SHUT-IN PRESSURE	-
CHOKE SIZE	-
FLOW TUBING PRESSURE	-

A record of the formations drilled through, and pertinent remarks are presented on the reverse. I declare that I have knowledge of the contents of this report and am authorized by my organization to make this report, which was prepared by me or under my supervision and direction, with the data and facts stated herein to be true, correct, and complete to the best of my knowledge and belief.

[Signature]
 SIGNATURE
GLENN BLUMSTEIN
 NAME (PRINT OR TYPE)
200 N. Harvey #610 OKLA, OK 73102
 ADDRESS CITY STATE ZIP
7/11/03 **405-272-0715**
 DATE PHONE NUMBER

PLEASE TYPE OR USE BLACK INK ONLY
FORMATION RECORD

Give formation names and tops, if available, or descriptions and thickness of formations drilled through. Show intervals cored or drillstem tested.

LEASE NAME AWACS WELL NO. 1

NAMES OF FORMATIONS	TOP	BOTTOM
CHECKERBOARD	4184	
OSWEGO	6062	
PINK LM	6253	
WOODFORD	6386	
HUNTON	6408	

APPROVED	DISAPPROVED	FOR COMMISSION USE ONLY
<u>AM</u>		1) ITD Section
		a) No Intent to Drill on file
		1) Send warning letter _____
		2) Recommend for contempt _____
<u>6/10</u>		2) Reject Codes

Were open hole logs run? yes no

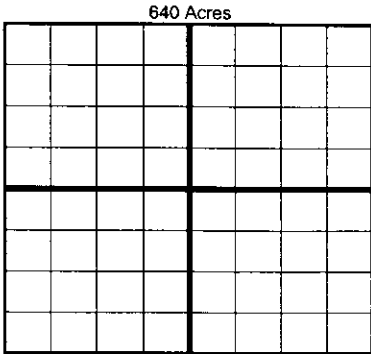
Date Last log was run 3/11/03

Was CO₂ encountered? yes no at what depths? _____

Was H₂S encountered? yes no at what depths? _____

Were unusual drilling circumstances encountered? yes no
If yes, briefly explain. _____

Other remarks:



BOTTOM HOLE LOCATION

SEC	TWP	RGE	COUNTY
Spot Location		Feet From Quarter Section Lines	
1/4	1/4	1/4	1/4
Measured Total Depth		True Vertical Depth	BHL From Lease, Unit, or Property Line: FSL FWL

BOTTOM HOLE LOCATION FOR HORIZONTAL HOLE: (DRAINHOLES)

DRAINHOLE #1

SEC	TWP	RGE	COUNTY
Spot Location		Feet From Quarter Section Lines	
1/4	1/4	1/4	1/4
Depth of Deviation	Radius of Turn	Direction	Total Length
Measured Total Depth	True Vertical Depth	End Pt Location From Lease, Unit or Property Line:	

DRAINHOLE #2

SEC	TWP	RGE	COUNTY
Spot Location		Feet From Quarter Section Lines	
1/4	1/4	1/4	1/4
Depth of Deviation	Radius of Turn	Direction	Total Length
Measured Total Depth	True Vertical Depth	End Pt Location From Lease, Unit or Property Line:	

If more than two drainholes are proposed, attach a separate sheet indicating the necessary information.

Direction must be stated in degrees azimuth.

Please note, the horizontal drainhole and its end point must be located within the boundaries of the lease or spacing unit.

Directional surveys are required for all drainholes and directional wells.

API No.
109-22127

OTC/OCC Operator No.
109-110760

CEMENTING REPORT
To Accompany Completion Report

Form 1002C
Rev 1996

OKLAHOMA CORPORATION COMMISSION
Oil & Gas Conservation Division
Post Office Box 52000-2000
Oklahoma City, Oklahoma 73152-2000
OAC 165:10-3-4(h)

All operators must include this form when submitting the Completion Report, (Form 1002A). The signature on this statement must be that of qualified employees of the cementing company and operator to demonstrate compliance with OAC 165:10-3-4(h). It may be advisable to take a copy of this form to location when cementing work is performed.

TYPE OR USE BLACK INK ONLY

*Field Name CANTON CREEK Willow Brook		OCC District KINGFISHER	
*Operator GLB EXPLORATION, INC		OCC/OTC Operator No. 18634-0	
*Well Name/No. AWACS # 1		County OKLAHOMA	
*Location NE 1/4 NW 1/4 NE 1/4 SW 1/4	Sec 35	Twp 12N	Rge 2W

Cement Casing Data	Conductor Casing	Surface Casing	Alternative Casing	Intermediate Casing	Production String	Liner
Cementing Date					3/13/03	
*Size of Drill Bit (Inches)					8 3/4	
*Estimated % wash or hole enlargement used in calculations					50	
*Size of Casing (inches O.D.)					7	
*Top of Liner (if liner used) (ft.)					6522	
*Setting Depth of Casing (ft.) from ground level					6522	
Type of Cement (API Class) In first (lead) or only slurry				ACS Lite →		
In second slurry				"H" →		
In third slurry				-		
Sacks of Cement Used In first (lead) or only slurry				25 →		
In second slurry				130 →		
In third slurry				-		
Vol of slurry pumped (Cu ft)(14 X 15) in first (lead) or only slurry				42.25 Ft³ →		
In second slurry				153.4 Ft³ →		
In third slurry				-		
Calculated Annular Height of Cement behind Pipe (ft)				1301 →		
Cement left in pipe (ft)				44 →		

*Amount of Surface Casing Required (from Form 1000) _____ ft.

*Was cement circulated to Ground Surface? Yes <input checked="" type="checkbox"/> No	*Was Cement Staging Tool (DV Tool) used? Yes <input checked="" type="checkbox"/> No
*Was Cement Bond Log run? <input checked="" type="checkbox"/> Yes No (If so, Attach Copy)	*If Yes, at what depth? _____ ft

CEMENTING COMPANY AND OPERATOR MUST COMPLY WITH THE INSTRUCTIONS ON REVERSE SIDE OF FORM

* Designates items to be completed by Operator.
Items not so designated shall be completed by the Cementing Company.

Remarks

Remarks

CEMENTING COMPANY

I declare under applicable Corporation Commission rule, that I am authorized to make this certification, that the cementing of casing in this well as shown in the report was performed by me or under my supervision, and that the cementing data and facts presented on both sides of this form are true, correct and complete to the best of my knowledge. This certification covers cementing data only.

Lance E. Berry
Signature of Cementer or Authorized Representative

OPERATOR

I declare under applicable Corporation Commission rule, that I am authorized to make this certification, that I have knowledge of the well data and information presented in this report, and that data and facts presented on both sides of this form are true, correct and complete to the best of my knowledge. This certification covers all well data and information presented herein.

[Signature]
Signature of Operator or Authorized Representative

Name & Title Printed or Typed
Lance E. Berry Mgr.

Cementing Company
ACIDIZING & CEMENTING SERVICES

Address
P.O. Box 751

City
Crescent

State OKla. Zip 73028

Telephone (AC) Number (405) 969-3093

Date
3/12/03

Name & Title Printed or Typed
Glenn Blomstein - President

*Operator
GLB EXPLORATION, INC.

*Address
200 N. HARVEY #610

*City
OKC OK 73102

*State OK **Zip 73102

*Telephone (AC) Number
405-272-0715

*Date
7/11/03

INSTRUCTIONS

1. A) This form shall be filed by the operator, at the O.C.C. office in Oklahoma City, as an attachment to the Completion Report (Form 1002A) for a producing well or a dry hole.
- B) An original of this form shall be filed as an attachment to the Completion Report, (Form 1002A), for each cementing company used on a well.
- C) The cementing of different casing strings on a well by one cementing company may be consolidated on one form.
2. Cementing Company and Operator shall comply with the applicable portions of OAC 165:10-3-4(h).
3. Set surface casing 50 feet below depth of treatable water to be protected and cement from casing shoe to ground surface or as allowed by OAC 165:10-3-4(h).
4. IF SETTING ANYTHING OTHER THAN THE FULL AMOUNT OF SURFACE CASING, BE SURE TO FOLLOW CORPORATION COMMISSION RULES.

API No.
109-22127
 OTC/OCC Operator No.
109-110760

CEMENTING REPORT
 To Accompany Completion Report

Form 1002C
 Rev 1996

OKLAHOMA CORPORATION COMMISSION
 Oil & Gas Conservation Division
 Post Office Box 52000-2000
 Oklahoma City, Oklahoma 73152-2000
 OAC 165:10-3-4(h)

All operators must include this form when submitting the Completion Report, (Form 1002A). The signature on this statement must be that of qualified employees of the cementing company and operator to demonstrate compliance with OAC 165:10-3-4(h). It may be advisable to take a copy of this form to location when cementing work is performed.

TYPE OR USE BLACK INK ONLY

*Field Name CATCH CREEK WILLOW BROOK			OCC District KINGFISHER		
*Operator GLB EXPLORATION CORP.			OCC/OTC Operator No. 18634-0		
*Well Name/No. AWACS 1'			County OKLAHOMA		
*Location NE 1/4 NW 1/4 NE 1/4 SW 1/4		Sec 35'	Twp 12N'		2W'

Cement Casing Data	Conductor Casing	Surface Casing	Alternative		Production Casing	Liner
			Casing			
Cementing Date		2-23-03'				
*Size of Drill Bit (Inches)		13 3/8'				
*Estimated % wash or hole enlargement used in calculations		100 %				
*Size of Casing (inches O.D.)		9/5/8'				
*Top of Liner (if liner used) (ft.)		N/A				
*Setting Depth of Casing (ft.) from ground level		1300 1325				
Type of Cement (API Class) in first (lead) or only slurry		CLASS C				
In second slurry		CLASS C				
In third slurry		N/A				
Sacks of Cement Used in first (lead) or only slurry		610'				
In second slurry		200'				
In third slurry		N/A				
Vol of slurry pumped (Cu ft)(14.X15.) in first (lead) or only slurry		1019'				
In second slurry		268				
In third slurry		N/A				
Calculated Annular Height of Cement behind Pipe (ft)		SURFACE				
Cement left in pipe (ft)		2.9'				

*Amount of Surface Casing Required (from Form 1000) **1300'** ft.

*Was cement circulated to Ground Surface? <input checked="" type="checkbox"/> YES 100 bbls'	*Was Cement Staging Tool (DV Tool) used? No
*Was Cement Bond Log run? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No (If so, Attach Copy)	*If Yes, at what depth? ft

ANY AND OPERATOR MUST COMPLY WITH THE INSTRUCTIONS ON REVERSE SIDE OF FORM

* Designates items to be completed by Operator.
 Items not so designated shall be completed by the Cementing Company.

Remarks

*Remarks

CEMENTING COMPANY

I declare under applicable Corporation Commission rule, that I am authorized to make this certification, that the cementing of casing in this well as shown in the report was performed by me or under my supervision, and that the cementing data and facts presented on both sides of this form are true, correct and complete to the best of my knowledge. This certification covers cementing data only.

Carl Mootz
 Signature of Cementer or Authorized Representative

OPERATOR

I declare under applicable Corporation Commission rule, that I am authorized to make this certification, that I have knowledge of the well data and information presented in this report, and that data and facts presented on both sides of this form are true, correct and complete to the best of my knowledge. This certification covers all well data and information presented herein.

Glenn Blumstein
 Signature of Operator or Authorized Representative

Name & Title Printed or Typed
 Carl Mootz Service Supervisor 1'
 Cementing Company
 Dowell, A division of Schlumberger Technology Corporation
 Address
 P.O. Box 69
 City
 El Reno
 State Zip
 Oklahoma 73036
 Telephone (AC) Number
 (405) 262-6580
 Date
 2-23-03'

*Name & Title Printed or Typed
~~LARRY ROGERS~~ Glenn Blumstein President
 *Operator
 GLB EXPLORATION INC.
 200 N. Harvey #610
 *City OKC, OK
 *State *Zip
 Oklahoma 73102
 *Telephone (AC) Number
 405-272-0715
 *Date
 7/11/03

INSTRUCTIONS

1. A) This form shall be filed by the operator, at the O.C.C. office in Oklahoma City, as an attachment to the Completion Report (Form 1002A) for a producing well or a dry hole.
- B) An original of this form shall be filed as an attachment to the Completion Report, (Form 1002A), for each cementing company used on a well.
- C) The cementing of different casing strings on a well by one cementing company may be consolidated on one form.
2. Cementing Company and Operator shall comply with the applicable portions of OAC 165:10-3-4(h).
3. Set surface casing 50 feet below depth of treatable water to be protected and cement from casing shoe to ground surface or as allowed by OAC 165:10-3-4(h).
4. **IF SETTING ANYTHING OTHER THAN THE FULL AMOUNT OF SURFACE CASING, BE SURE TO FOLLOW CORPORATION COMMISSION RULES.**

OTC/OCC Number: 18634-0

API Number: 109-22127

Approval Date: 02/18/2003
Expiration Date: 08/18/2003

Notice of Intention To: DRILL

Type of Drilling Operation: STRAIGHT HOLE

Well Type: OIL/GAS

Well Location: Sec: 35 Twp: 12N Rge: 02W

County: OKLAHOMA

Spot Location: SW4 NE4 NW4 NE4

Feet From: SOUTH 1/4 Section Line 2194 Feet From: WEST 1/4 Section Line 855

Feet from the nearest lease line: 855

Lease Name: AWACS

Well No: 1

Operator Name: GLB EXPLORATION, INC.

TELEPHONE: (405) 272-0715

Surface Owner Address

AMERICAN LEGION POST #170

8606 NE 10TH ST.

MIDWEST CITY OK 73140

Operator Return Address

GLB EXPLORATION, INC.

200 NORTH HAVEY STE 610

OKLAHOMA CITY OK 73102

Operation to Begin: 00/00/0000

Fresh Water Supply Well Drilled: NO

Surface Water used to Drill: NO

Formation Codes, Names, Depths, (Permit Valid For Listed Formations Only):

(1) 405LYTN	LAYTON		4900	(2) 405CLVD	CLEVELAND		5500
(3) 404OSWG	OSWEGO	/LM/	6070	(4) 404PRUE	PRUE	/SD/	6100
(5) 404SKNRL	SKINNER LOW	/BASAL/	6320	(6) 401BPUNC	PENN BASAL UNCONF SAND		6420
(7) 269HNTN	HUNTON	/LM,GROUP/	6450				

Not Spaced for Permitted Formations.

Special Orders:

Pending CD Numbers:	Location Exception Orders:	Increased Density Orders:	Total Depth:	Ground Elevation	Surface Casing:	Depth to base of Treatable Water-Bearing FM:
230947			6550	1214		1110

PIT 1 INFORMATION:

Type of Pit System: CLOSED

Type of Mud System:

WATER BASED

Expected Chloride Content of Pit:

Maximum 3500 PPM; Average 1500 PPM

WITHIN 1 MILE OF MUNICIPAL WATER WELL.

WELLHEAD PROTECTION AREA.

Pit is located in a Hydrologically Sensitive Area.

Category of Pit:

Pit Location is Bedrock Aquifer.

Pit Location Formation: GARBER

Approved Method for disposal of Drilling Fluids:

Haul to Commercial Pit Facility at: Sec 31 Twp 12N Rge 08W County CANADIAN

CLOSED SYSTEM MEANS STEEL PITS.

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This permit does not address the right of entry or settlement of surface damages. The duration of this permit is Six Months, except as otherwise provided by Rule 165: 10-3-1.

Rule 165: 10-3-4 (E)- The Operator shall give 24 Hours notice by telephone to the appropriate District Office of the Conservation Division as to when Surface Casing will be run.